

the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>DeLa</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>135</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>162</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Refugio Villalabor</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Y</u>		7. Date of birth <u>11/19/22</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Julio Villalabor</u>		Full maiden name <u>Patricia Hernandez</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Mexico</u>	(State or country)
13. Occupation <u>Mine</u>	Nature of Industry <u>Copper</u>	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>7</u> (c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>20</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Charles E. Dorn M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)		Filed <u>11/21</u> , 19 <u>22</u> <u>P. D. Hardy</u> <u>P. E. Dorn</u>	
<u>952-1119-789</u>		Local Registrar.	
Registrar.		Filed <u>12/5</u> , 19 <u>22</u> <u>P. E. Dorn</u>	
		County Registrar.	